



TB CARE I

TB CARE I - Afghanistan

Year 4

Quarterly Report

October – December 2013

January 30, 2014

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1. Quarterly Overview

Country	Afghanistan
Lead Partner	MSH
Coalition Partners	WHO, KNCV
Other partners	NGOs, BRAC
Timeframe	Oct. 2013- Dec. 2014 (including close out)
Reporting period	Oct. – Dec. 2013

Most significant achievements:

Health system strengthened in intervention provinces

TB CARE I's intervention resulted in improved health systems to notify presumptive TB cases and increased access to TB services throughout 2013. The interventions such as SOP implementation, urban DOTS, CB-DOTS and TB infection control, resulted in improved and strengthened health system. Currently, primary health care facilities are able to set up a triage system and promote inter-department coordination to notify presumptive TB cases by examining for sputum smear microscopy and engaging the community health workers (CHWs) in TB services extended to additional provinces. For instance in 2013, in TB CARE I intervention provinces, 108,623 presumptive TB cases were identified and of those examined, 7507 TB cases were identified as new sputum smear positive and 17,345 TB cases were identified as all form TB (Figure 1). This demonstrates a 13% and 10% rise in new sputum smear positive cases and all form TB cases, respectively, compared to 2012 performances. During this quarter, 22,723 presumptive TB cases were identified and 1,564 and 3,560 TB cases of new positive sputum smear cases and all form TB cases were identified, respectively. Moreover, there is a highly significant improvement in key TB indicators. For instance, the comparison of 2013 data with that of 2009, illustrate as 119% improvement in presumptive TB case identification and examination for TB, 22% improvement in new sputum smear positive cases and 39% in all TB case notification. Also, there is 7% improvement in treatment outcome, from 83% in 2009 to 90% in 2012. See Table 1 for trend of key TB indicators in TB CARE I intervention provinces and comparison of TB data with baseline of 2009.

National Strategic plan development

TB CARE I assisted the NTP Afghanistan on finalization of national strategic plan (NSP) from 2014-2018. The joint KNCV and MSH team worked with the NTP and partners, for example by brining amendments in draft to the NSP. Incorporated in these drafts were comments from experts in different fields including epidemiology, MDR-TB and laboratory and health economics that were presented in the NSP workshop conducted in Italy in late November 2013. Four individuals from Afghanistan attended this event that represented TB CARE I, NTP, MOPH and one civil society organization.

Frontline health care staff capacity built on TB care delivery

During October-December 2013, TB CARE I assisted NTP to conduct training on standard operating procedures (SOPs) for case detection and treatment. This training was conducted in eight provinces and in total 209 (186 males; 23 female) health care staff members were trained on standard operating procedures for case detection and treatment. This approach assists NTP on achieving its strategic objectives of increasing case notification (Picture 2).

In addition, 184 health care staff members of different cadres trained on TB infection control assessment tools in seven provinces. Also, quarterly review workshops were conducted in Hirat and Kabul provinces, collectively, 201(170 males; 31 females) staff members including those in charge of facilities, lab technicians, NGO's and TB focal persons attended these events. These staff members reviewed the previous quarter's data using this information to analyze the data and set target for themselves for the upcoming quarter. Also, the NTP provided feedback to the health care staff members, NGOs and PHOs on how increase their TB case notifications.

Urban DOTS implementation resulted in improved case notification in Afghanistan

The urban DOTS implementation extended to additional public and private health facilities in Kabul. In total, 73 health facilities that makes 66% of all public and private facilities, engaged in the urban DOTS program, that shows a 44% (51) increase in comparison to 18% (22) in 2009. Furthermore, 46 health care staff trained on TB DOTS in Kabul and 33 visits conducted to ensure proper TB service delivery in urban settings. Additionally, a school event for 300 students (200 males; 100 females) was conducted by the urban DOTS team in Kabul. During October-December, 2013, all these efforts resulted in the notification of 3,259 new presumptive TB cases and notification of 255 new sputum smear positive cases and 804 TB cases of all forms and it demonstrates a 11% increase in all form TB case notification compared to Oct-Dec 2012.

Community based DOTS brought TB services to the door step of TB patients

Community health workers located at least two hours walking distance from the nearest health facilities were trained on presumptive TB case identification, referral system and DOT provision. In the first quarter of APA 4, collectively, 2,058 presumptive TB cases were identified and referred by community health workers. Of these presumptive cases, 184 were diagnosed as new sputum smear positive cases and there were 476 TB patients that received their daily anti-TB pills from CHWs. (See Picture 1 and 3 shows the CHWs during their review meeting and supervision).

Evidence based decision making promoted

The TB CARE I technical team assisted the NTP to conduct research, promote evidence based decisions making at various levels of the TB program and disseminate the results to a wider audience. There were five abstracts presented at the 44th International Conference on TB and Lung Disease in Paris, France. Two individuals, one from TB CARE I and one from the NTP, provided support by presenting the five posters at this conference. TB CARE I assisted the NTP on the execution of the operational research on treatment outcomes among female TB patients and gender bias in TB case notification.

Technical and administrative challenges:

TB CARE I was faced with delays related to a subcontract with a community based non-governmental organization (BPHS Implementers). The contract ended in Sept. 2013 and new contract is in the process and will be signed very soon.

2. Year 4 technical outcomes and activity progress

2.1 Universal Access

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date ¹	Comments
1.1.1	Number of facilities where quality of services is measured	1,197	1,400	1,197	This is a cumulative number and the data of quality assurance for this quarter will be released at the end of next quarter
1.1.3	TB personnel trained on the Patients' Charter	NA	300		This activity has not been conducted yet
1.2.1	Private providers collaborating with the NTP	91	96	91	
1.2.2	TB cases diagnosed by private providers	1,861	2,200		The data from private sector has not analyzed yet. We will report it next quarter
1.2.3	Status of PPM implementation	8 Provinces	10 provinces	8 provinces	
1.2.4	Children younger than 5 (contacts of ss+ adults) that were put on IPT	1,129	2,000	911	
1.2.5	Childhood TB approach implemented	2	3	2	
1.2.6	Number of TB cases (all forms) diagnosed in children 0-4	1,129	2,000	359	
1.2.8	CB-DOTS program is implemented	3	3	3	
1.2.9	Population covered with CB-DOTS (13 provinces)	9,254,000 (100%)	9,254,000 (100%)	9,254,000 (100%)	
1.2.10	Health facilities offering CB-DOTS services	276 (27%)	609 (61%)	276	
1.1.4	<i>Number(%) of TB suspects identified</i> Numerator number of suspected TB case identified and registered at health facilities Denominator: total number of patients	91,854	120,000	22,723	

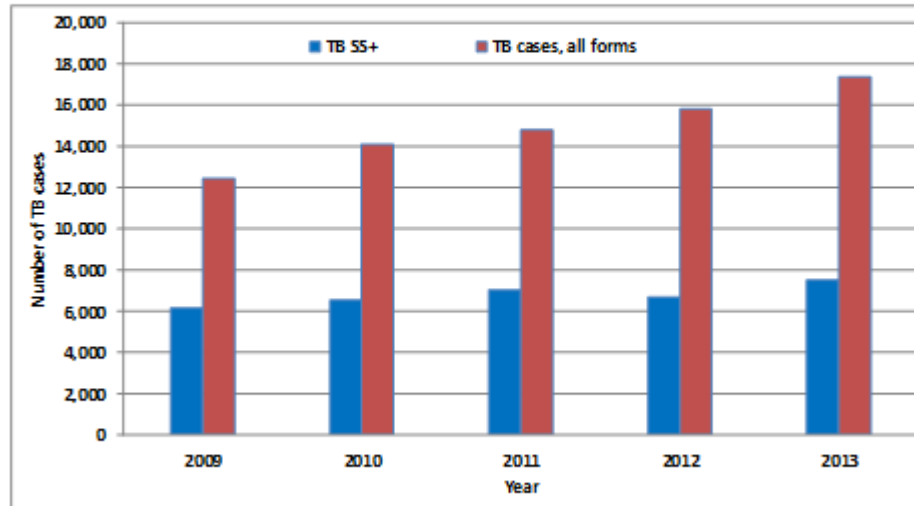
¹ If results are not available, write “Measured annually” or “Not yet measured” and say when the data are estimated to be available. Not all indicators can be measured quarterly.

	over 15 years of age attended as out patients to health facilities					
1.1.5	Number (%)of contacts screened for TB Numerator: number of contacts to TB patients screened for TB Denominator: total number of contacts i.e. TB patients multiplied by 6		14,400 (80%)	20,400	2,073	
1.1.6	Number (%) of under-five put on IPT treatment Numerator: number of under five children put on treatment Denominator: total number of under five children screened for TB		3,576 (79%)	4,000 (90%)	1,897 (71.6%)	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status ²
				Start	End	
1.1.1	MSH, WHO	Expand DOTS to Urban health facilities	73	Oct 13	Sep 14	Ongoing
1.1.2	MSH	Increase health care workers capacity in quality DOTS implementation	During Oct-Dec 2013, in total 46 (42 males; 4 females) individuals including doctors, nurses and lab technicians trained in SOPs for case detection and treatment	Nov 13	Aug 14	Ongoing
1.1.3	MSH	Increase health care workers capacity in quality DOTS implementation	Planned for next quarter	No 13	Aug 14	Pending
1.1.4	MSH	Increase access to TB services	The DOTS expanded to additional health facilities that resulted in coverage of 66% from 18% in 2013. In addition, community based DOTS sustained in 13 provinces and promoted. The resulted in, identification of 3,259 presumptive TB cases and notification of 807 TB cases in Kabul city. In addition, the CHWs referred 2,058 presumptive TB cases and notification of 184 sputum smear positive TB cases and provision of DOT to 476 TB patients.	Oct 13	Sep 14	Ongoing

² Status options: Pending (the activity has not yet started, but is not delayed); Ongoing (the activity has started and is in process); Completed (all sub-activities and outputs are complete); Postponed (the start or completion of this activity has been delayed, but will still be completed by the end of the workplan year); Cancelled (the activity, which may or may not have started, will not be completed by TB CARE I.)

1.1.5	MSH	Implement CB-DOTS with BPHS implementers and BRAC	The contract with NGOs on CB-DOTS implementation ended in Sept. 2013 and new contract is in the process and will be signed very soon. In addition, the 1,900 presumptive TB cases identified by CHWs and 173 (9%) turned to be sputum smear positive cases. Also, 445 TB patients received their treatment from CHWs during Oct.-Sept. 2013.	Oct 13	Sep 14	Ongoing
1.2.1	MSH	To conduct a coordination workshop for 150 individuals from various health care providers in Kabul city	Will conduct in 2014	Dec 13	Jan 14	Postponed
1.2.2	MSH	Conduct supervisory/ monitoring visits to Urban health facilities	33 health facilities supervised and feedback provided	Oct 13	Sep 14	Ongoing
1.2.3	WHO	Conduct one day workshops on strengthening coordination between public and private sectors		Jul 14	Jul 14	Pending
1.2.4	WHO	Train senior clinicians on TB	Planned for Mar 14	Oct 13	Mar 14	Pending
1.3.1	MSH	Conduct community awareness meeting		Apr 14	Aug 14	Pending

TB Cases Notified in 13 USAID-Supported Provinces, 2009-2013



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Picture 1: Community Health Workers (CHWs) review meeting in Badakhshan provinces

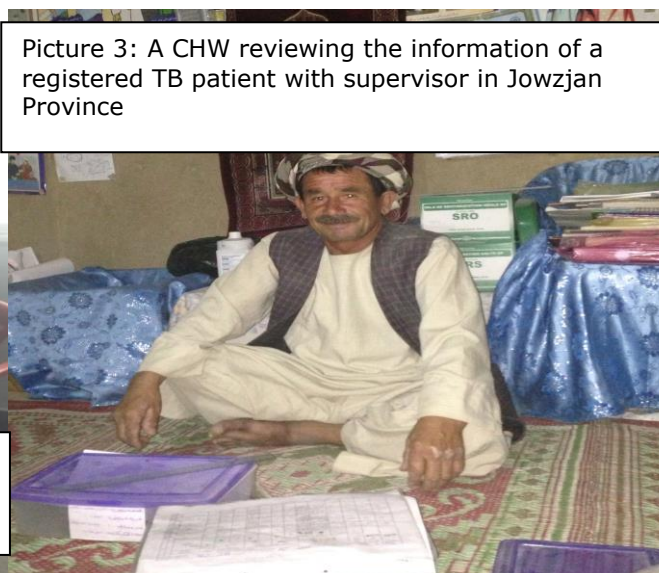
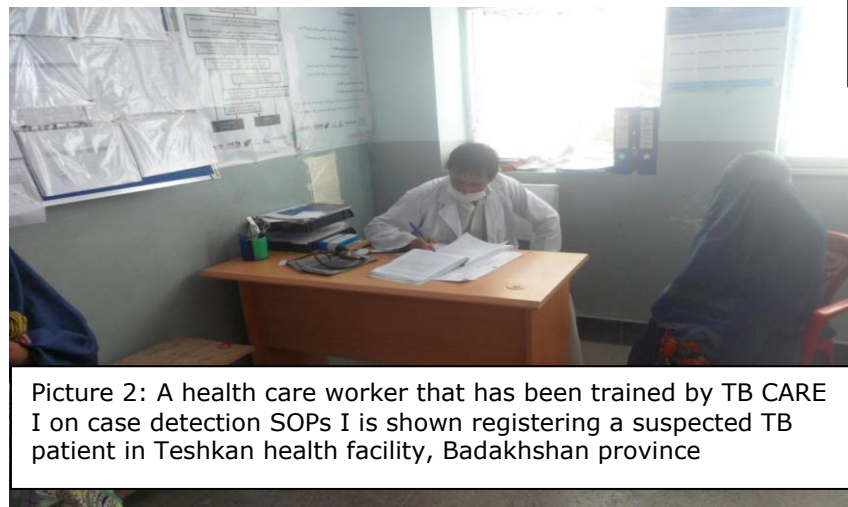


Table 1: Trend of key TB indicators in intervention provinces 2009-2013

Indicator	2009	2011	2012	2013	% change (2009-2013)
TB suspected cases identified	49,630	99,272	96,750	108,623	119% increase
TB sputum smear positive cases notified	6,139	7,051	6,676	7,507	22%
TB cases notified, all forms	12,454	14,792	15,825	17,345	39% increase
Treatment success rate	83%	89%	90%	NA	7% increase

2.3 Infection Control

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date		Comments
3.1.1	National TB-IC guidelines that are in accordance with the WHO TB-IC policy have been approved		Yes	Yes	Yes		
3.1.2	TB-IC measures included in the overall national IPC policy		Yes	Yes	Yes		
3.2.2	Facilities implementing TB-IC measures with TB CARE support		110	140	129		
3.1.3	<i>Health care workers screened for TB</i> Numerator: Number of health care staff screened for TB Denominator: Total number of health care staff		240	400	10		
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end		Planned Month		Status
					Start	End	
3.1.1	MSH	Integrate the TB-IC plan into the general IPC plan at health facility level	22 Health Facilities covered with TB IC measures and TB IC plan integrated into its general IPC plan		Oct 13	Sep 14	Ongoing
3.2.1	MSH	To establish TB-IC committee in TB-IC covered HFs	22 TB IC committees established in 22 health facilities. Each committee held one meeting per month. In total 66 meetings held during the period. And an average 10 individuals attended each meeting.		Oct 13	Sep 14	Ongoing
3.2.2	MSH	To expand TB-IC measure application	22/40 health facilities covered with TB IC measures during the period		Oct 13	Jun 14	Ongoing
3.2.3	MSH	To renovate health facilities	5/20 health facilities renovated during the period		Oct 13	Jun 14	Ongoing
3.2.4	MSH	To train health facility staff on TBIC assessment tool implementation and Gap prioritization table in 13 provinces	In total, 184 (162 males; 22 females) health care staff from various cadres trained on TB infection control assessment tool.		Oct 13	Sep 14	Ongoing
3.3.1	MSH	To monitor TBIC implementation	4 monitoring visits conducted from 26 HFs in 13 USAID provinces		Oct 13	Sep 14	Ongoing

2.6 HSS

Code	Outcome Indicators and Results		Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
6.1.1	CCM and/or other coordinating mechanisms include TB civil society members and TB patient groups		Yes	Yes	Yes	
6.2.1	TB CARE-supported supervisory visits conducted		30	40 visits	4 visits	
6.2.2	People trained using TB CARE funds		833	500	196 (male=174 and female=22)	
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status
				Start	End	
6.1.1	MSH	To provide assistance to NTP to celebrate World TB Day in 13 provinces.	TB CARE I is member of World TB Day celebration preparation committee and prepared the brusher's, posters and will assist NTP to celebrate this day in 320 health facilities and communities. TB CARE I developed the TBIC IEC materials and will be printed and disseminated during World TB Day celebration.	Mar 14	Apr 14	Ongoing
6.2.1	MSH	To support the supervisory/monitoring visits from national to provincial and health facilities level in 13 provinces	Two visits conducted to two provinces and in total two health facilities visited	Oct 13	Sep 14	Ongoing
6.2.2	MSH	To conduct SOP training for newly hired health care staff	In total 196 staff trained on SOPs for case detection and treatment in eight provinces.	Apr 14	Jul 14	Ongoing

2.7 M&E, OR and Surveillance

Code	Outcome Indicators and Results	Actual Year 3 or Baseline Result	Expected End of Year 4 Result	Result to date	Comments
7.1.1	An electronic recording and reporting system for routine surveillance exists at national and/or sub-national levels	Yes	Yes	Yes	

7.2.1	Data quality measured by NTP with the support of MSH/KNCV		Yes	Yes	Planned for Jan 2013		
7.2.2	NTP provides regular feedback from central to intermediate level		Yes	Yes	Yes		
7.3.1	OR studies completed		1	2			Planned for next quarter
7.3.2	OR study results disseminated		1	2	5		Two staff from TB CARE I and NTP presented five posters to 44 th Union conference
7.3.3	To train senior NTP staff on operations research		No	25			Planned for next quarter
Activity Code (***)	Lead Partner	TB CARE Year 4 Planned Activities	Cumulative Progress as of the quarter's end	Planned Month		Status	
				Start	End		
7.1.1	MSH	Assist NTP to conduct workshop on Data Analysis version of TBIS			Jan 14	May 14	Pending
7.2.1	MSH	To assist NTP to conduct Annual National Evaluation Workshop			Apr 14	Apr 14	Pending
7.2.2	MSH	To assist NTP to conduct provincial Quarterly Review Workshops			Jan 14	Sep 14	Pending
7.2.3	KNCV	To conduct training on OR			Feb 14	Feb 14	Pending
7.3.1	MSH	To conduct OR on diabetes prevalence among TB patients in Kabul city			Jan 14	Mar 14	Pending
7.3.2	MSH	To assist NTP to disseminate the research results	Two individuals, one from NTP and one from TB CARE I Afghanistan attended the 44 th Union conference at Paris, France in Nov 2013. During this event, all five abstracts/poster from NTP/TB CARE I presented to the conference audiences. In addition, these five abstracts published in abstract book of International Journal of TB and Lung Diseases (IJLTD).		Nov 13	Dec 13	Completed

3. TB CARE I's support to Global Fund implementation in Year 4

Current Global Fund TB Grants

Name (i.e. Round 10 TB)	Average rating*	Current rating	Total approved amount	Total dispersed to date
Round 8	A2, B1, B2	B2	USD 14,749,056	USD 14,743,087
Round 10	B2 improve to B1	B1	USD 3,393,056	USD 2,544,165

* Since January 2010

Source of information:

<http://portfolio.theglobalfund.org/en/Grant/Index/AFG-809-G07-T>

<http://portfolio.theglobalfund.org/en/Grant/Index/AFG-011-G12-T>

In-country Global Fund status - key updates, challenges and bottlenecks

Afghanistan TB control program is supported by two grants from GFATM, Round-8 and Round-10. The principle recipient (PR) for GF round-8 is Bangladesh Rural Advancement committee (BRAC). Currently, this grant is in its phase II of implementation. The PR subcontracts the implementation of activities with sub recipients and its selection and contract signing took longer than expected. Currently, this grant is subcontracted in 5 provinces with leading BPHS implementing NGOs called sub recipient (SR). This contract was only for one quarter.. Currently, it is faced with challenge of delayed implementation, follows up of activities in provinces and quality of implementation, therefore, its performance is rated as B2.

The PR for round -10 is Japanese International Cooperation Agency (JICA) and currently this grant is in Phase I of implementation that ends in end March 2014. Now, the MOPH/NTP is preparing for PR-ship for Phase II of GF round -10. This will be a challenge for the TB control program to work both as PR and implementer of activities especially when they are managing the finance and operations through a bureaucratic channel of government.

TB CARE I & Global Fund - TB CARE I involvement in GF support/implementation and effect of GF on the TB CARE I workplan

The GF round-8 activities, such as the implementation of CB-DOTS, has direct impact on TB CARE I CB-DOTS implementation in seven provinces. For example, the delay in approval of Phase II of round 8 resulted in delayed CB-DOTS implementation in seven provinces. TB CARE I extended its assistance to PRs of both round 8 and round 10 through CCM and coordination with various departments of MOPH and with BPHS implementers. For instance, the SR selection process was facilitated to be selected and enhance the implementation of GF activities in the country.

4. MDR-TB cases diagnosed and started on treatment in country

Quarter	Number of MDR cases diagnosed	Number of MDR cases put on treatment	Comments:
Total 2010	19	0	
Total 2011	22	22	
Total 2012	38	38	
Jan-Mar 2013	13	13	
Apr-Jun 2013	8	8	
Jul-Sep 2013	15	13	
Oct-Dec 2013	13	13	
Total 2013	49	47	

5. TB CARE I-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (pending, ongoing, completed, postponed, cancelled)	Dates completed	Additional Remarks (Optional)
1	KNCV	1.2.1	Jerod Scholten	Supervision and Monitoring of local office	July 2014	Pending		
2	KNCV	7.2.3	Katja Fickert	Facilitate Operational Research training (2x1 week)	Q3 + Q4	Completed	Dec 2013	Katja visited Afghanistan to assist NTP on completion of national strategic plan ;and will conduct another visit to assist the conduction of EPI assessment and NSP
3	KNCV	7.2.4	Edine Tiemersma	Facilitate Operational Research training (1x1 week)	Q3	Pending		
4	KNCV	7.2.5	Ineke Huitema	Facilitate Operational Research training (2x1 week)	Q3 + Q4	Pending		
5	MSH	6.1.1	Pedro Suarez	World TB Day	TBD	Pending		
6	MSH	7.3.2	TBD	Union Conference	October	Pending		
7	MSH	7.2.1	Pedro Suarez	National Evaluation Workshop	TBD	Pending		
Total number of visits conducted (cumulative for fiscal year)						1		
Total number of visits planned in workplan						7		
Percent of planned international consultant visits conducted						14%		